2150: 6064	37937 6		State of Ne		Mot	or Ve	hicle	e A	ccid	er	nt Re	port	,	Shee	et _1	of _	2
2	Total Nu		Local No./ District 095		Agency Case DE	5-086393	2				HIT & RUN					AT SCENE?	
A/1	of Vehi		/ / D D /	Y Y	No. D C	J-00033C	,				YES (In Mil	X NO	STATE US	YES E ONL		NO NO	1
01	OF ACCIDENT		7/2015		· · · · · · · · · · · · · · · · · · ·	$\stackrel{S}{\Pi} \stackrel{M}{\Pi} \stackrel{T}{\Pi}$	W TH	F S	TIME C)F FNT	1815						
A/2	PLACE	COUNTY	Lancast	er					POLICI NOTIFI	Ε	1816						
В	ACCIDENT CITY Lincoln										PRIVATE	YES NO	09/18		/2015		
85	ROAD O		STREET/	o. S 16th/	/Harwood	d - South					PROPERT ONE-WAY	YES NO	LATITUDE				
с 1	ACCIDENT		FEET	N		/ OF			HIGH	IWAY	STREET? NO.	\bigcirc	LONGITUE	DE			-
	MILEPO		IF AT INTERS	ECTION		MILEPOST		IE NO	T AT IN	FPS	ECTION						
1		NAM	IE OF INTERSECT		(X	FEET C	MILES	N S	E		EAREST STREE	T, BRIDGE	, RAIL	ROAD (CROSSING	
V1/M						93	3.00		Х		So	uth St					
10	MILES		N S E	W AND	VAS OUTSI	DE CITY LI	MITS, IND	W OF	NEAREST		ROM NEAF	REST TOWN					-
V2/M 01				MILES				CI	Y OR TOV	/N							1
E	R. WORK ZONE		R2 R3 R4	S. PEDES	TRIAN SIFICATION	S1 S2	S3	S4 S5	-a S5-b	S6-a	a S6-b	DOES ACCID STATE DEPT.					
1	CODES	1		CODES	S							○YE	s 🗴	ON C			1
F	DRIVER		114040	2500		V	EHICLE	NO. 1				STATE		Τ		() FEMALE	1
1	LICENSE	l	NO. H12130)500					PHONE			(Of License)	NE LOCAL N			MALE	-
V1/N 2	DOLOR		CASAMALH	IUAPA						202	7558		200/12 11]
V2/N	3039 W		LN, LINCO	LN, NE 6		TATE, ZIP						DATE OF BIRTH (MM / DD / YYY	_{y)} 02/27	7/19	62		V1/1
2	OWNER Dolores	O Ca	samalhuapa						PHONE 402		7558		LOCAL N	O.			18 V1/2
G 3	OWNER ADDR	WNER ADDRESS CITY, STATE, ZIP CITATION YES CITATION NO. LB479641															
Н	LICENSE PLATE		DDC110		00022						YEAR	2016	LD41	STA	TE	NE	V1/3
5			YEAR	MAKE	M	ODEL		BODY ST		1 '	COLOR	 	ESTIMATED I	(Of P	 E		V1/4
V1/O	VEHICLE		2012	Toyota	F	RAV4		Com	pact U	tility		/ chrome	TOTALE	D \$	1000)	
2 V2/O	VEHICLE ID NO. (VIN) TOWED TO	JTN	/IRF4DV8C5	5050736	TOWED BY						POLICY NO	essive					V1/5 - 18
2	TOWED TO				TOWED BY							2892					V1/6
1	DRIVER					V	EHICLE	NO. 2				STATE	T			FEMALE	35
1	LICENSE	l	NO. G02123	236					PHONE			(Of License)	NE LOCAL N			MALE	-
V1/P 1	RITA J V		LY		0.1777.0	TATE, ZIP					3821	D.175.05	200/12 11				V2/1
V2/P	2341 S 1	19TH \$	ST, LINCOLI	N, NE 68		IAIE, ZIP						DATE OF BIRTH (MM / DD / YYY		-	56		18 V2/2
1	RITA J V	VESE	LY						PHONE 402		3821		LOCAL N	Ο.			V 2,72
J 01	OWNER ADDR		incoln, NE	68502	CITY, S	TATE, ZIP			,	C	DENIDI	NG X NO	CITATION	NO.			V2/3
V1/Q	LICENSE PLATE	D.4	NO. SHN065							(Pl	YEAR ate Expires)	2016		STA (Of P	TE late)	NE	V2/4
4 V2/Q	VEHICLE	YEAR		MAKE Hyunda		Accent		BODY ST	or Sed	1	red	 	ESTIMATED I	DAMAG	E	n	- VO/5
4	VEHICLE ID	KM	HCG35C32l	-	u	Accent		2 uu	Ji Seu	all	INSURANC	E COMPANY		υ Ψ			V2/5 18
К	NO. (VIN) TOWED TO	rxivi	1100330320	J233343	TOWED BY						POLICY NO						V2/6
01		Comm	loto this or	otion fo	, all ini	urad na	*00 NO					16779210	1 1	2	3	4	35 5 25 V
			lete this se plete a continuati	ion report, if n	nore than th							OF BIRTH DD / YYYY)	Seat Position	Figet		Injury	sex M F
VEH. #	NAME			AL	DRESS												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SERVICE NAME						EMS RU	N REP	ORT NO.		
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v ⊑11. #			1				-										
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NA	ИE				EMS RU	N REP	URT NO.		

	INFORMATION IS REQUIRED FO	R ALL ACCIDENTS	8
	INDICATE BY DIAGRAM WHAT HAPP	PENED AGENC	y case no. 086393
Indicate North by Arrow			
			N II
POI: 12' W of E Curb S 16th	16th ————————————————————————————————————		<u> </u>
93' N of N Curb South St Harwoo	od		
·	2 00.		
		_	
			•
Diagram Not to Scale Measurements Not Exact			
	Sc	outh	
	· · ·		
Driver #1 reported she was exiting the shopping center	ION OF ACCIDENT BASED ON OFFICER'S IN r turning Southbound onto 16th. She turned i		id not observe Vehicle #2
Southbound on 16th.			
I .			
OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE.
OBJECT DAMAGED OWNER NAME OBJECT DAMAGED OWNER NAME	ADDRESS ADDRESS	PHONE	\$ APPROX. COST OF DAMAGE
OBJECT DAMAGED OWNER NAME			\$
OBJECT DAMAGED OWNER NAME	ADDRESS		APPROX. COST OF DAMAGE
OBJECT DAMAGED OBJECT DAMAGED OWNER NAME NAME NAME	ADDRESS ADDRESS ADDRESS	PHONE	APPROX. COST OF DAMAGE \$ PHONE
OBJECT DAMAGED OBJECT DAMAGED OWNER NAME NAME VEHICLE MOVEMENT BEFORE COLLISION POINT OF IMPA MOST DAMAGE	ADDRESS ADDRESS ADDRESS ACT AND BED AREA AIRBAG DEPLOYED VEHICLE 1		APPROX. COST OF DAMAGE PHONE
OBJECT DAMAGED OWNER NAME OWNER NAME VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR HIGHWAY NAME VEHICLE MOVEMENT MOST DAMAGE (Enter numbers for	ADDRESS ADDRESS ADDRESS ACT AND ED AREA each vehicle) AIRBAG DEPLOYED VEHICLE 1	PHONE RESTRAINT USE	PHONE TOTAL VEH 4 VEH 4
OBJECT DAMAGED OWNER NAME VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR HIGHWAY NAME 1 X S 16th VEHICLE 1	ADDRESS ADDRESS ACT AND ED AREA each vehicle) VEHICLE 2 OINT OF 0.7	RESTRAINT USE VEHICLE 1	APPROX. COST OF DAMAGE S PHONE PHONE TOTAL OCCUPANTS 1 ALCOHOL TESTING ALCOHOL LEVEL APPROX. COST OF DAMAGE VEH 1 1 VEH 2 1 ALCOHOL No. 1 No. 2 Pedestrian ALCOHOL LEVEL
OBJECT DAMAGED OBJECT DAMAGED OWNER NAME VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR HIGHWAY NAME 1 X S 16th VEHICLE 1 POINT OF IMPA MOST DAMAGE (Enter numbers for IMPACT) VEHICLE 1 POINT OF IMPACT O2	ADDRESS ADDRESS ADDRESS ADDRESS AIRBAG DEPLOYED VEHICLE 1 VEHICLE 2 OINT OF IMPACT 07 1 Deployed - front 2 Deployed - side	RESTRAINT USE VEHICLE 1	APPROX. COST OF DAMAGE
OBJECT DAMAGED OBJECT DAMAGED OWNER NAME VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR HIGHWAY NAME 1 X S 16th VEHICLE 1 POINT OF IMPA MOST DAMAGE (Enter numbers for MPA NO. N S 16th) VEHICLE 1 O6 O6 Turning left O7 Making U-turn O7 Making U-turn ON NOST DAMAGED O2 D4 DAMAGED O2 D5 DAMAGED O2 D6 DAMAGED O2 D7 DA	ADDRESS ADDRESS ADDRESS ACT AND ED AREA each vehicle) VEHICLE 2 OINT OF IMPACT O7 MOST AMAGED O7 AMAGED O7 AREA DEPLOYED VEHICLE 1 - Under the control of the cont	RESTRAINT USE VEHICLE 1 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used	PHONE
OBJECT DAMAGED OBJECT DAMAGED OWNER NAME VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR (Enter numbers for No. N S 16th VEHICLE 1 VEHICLE MOVEMENT BEFORE COLLISION VEH HIGHWAY NAME 1 X S 16th VEHICLE 1 POINT OF IMPA MOST DAMAGE (Enter numbers for NAME) 1 VEHICLE 1 OF MAKING U-turn ON MAKING U-turn ON MOST DAMAGED AMAGED AMAGED AMAGED AMAGED ON None ON N	ADDRESS ADDRESS ADDRESS ACT AND ED AREA each vehicle) VEHICLE 2 OINT OF IMPACT O7 MOST AREA 2 AMAGED AREA 3 Poployed - front 2 Deployed - side 3 Deployed - side 3 Deployed - side 4 Not deployed 5 Not deployed 5 Not applicable/ No airbag available 6 Likhown	RESTRAINT USE VEHICLE 1 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 6 DOT approved helmet used 7 DOT approved helmet used 8 Costume helmet used	APPROX. COST OF DAMAGE
OBJECT DAMAGED OBJECT DAMAGED OWNER NAME VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR (Enter numbers for NAME) 1 X S 16th VEHICLE 1 2 X S 16th POINT OF IMPA MOST DAMAGE (Enter numbers for NAME) 1 DAMAGED OF MAKING U-turn ON MOST DAMAGED OF MAKING U-turn ON MOST DAMAGED OF MAKING U-turn ON MOST DAMAGED ON NONE ON N	ADDRESS ADDRESS ADDRESS ACT AND ED AREA each vehicle) VEHICLE 2 OINT OF IMPACT O7 MOST AREA 2 AMAGED AREA 3 Poployed - front 2 Deployed - side 3 Deployed - side 3 Deployed - side 4 Not deployed 5 Not deployed 5 Not applicable/ No airbag available 6 Likhown	PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used	PHONE
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DEJECT DAMAGED OBJECT DAMAGED OWNER NAME VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR HIGHWAY NAME 1 X S 16th VEHICLE 1 POINT OF IMPA MOST DAMAGE (Enter numbers for IMPACT) VEHICLE 1 POINT OF IMPACT OR MOST DAMAGE (Enter numbers for IMPACT) OF MAKING U-turn OF MOST DAMAGED OF MOST DAMA	ADDRESS ADDRESS ADDRESS ADDRESS AIRBAG DEPLOYED VEHICLE 1 VEHICLE 2 OINT OF IMPACT O7 MOST AMAGED AREA 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown VEHICLE 2 1 07 06 VEHICLE 2	RESTRAINT USE VEHICLE 1 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	PHONE
DEJECT DAMAGED OBJECT DAMAGED OWNER NAME VEHICLE MOVEMENT BEFORE COLLISION VEH N S E W ROAD OR HIGHWAY NAME 1 X S 16th VEHICLE 1 2 X S 16th POINT OF IMPA MOST DAMAGE (Enter numbers for IMPACT DAMAGE) 1 O6 06 Turning left O7 Making U-turn 08 Entering traffic lane 01 Essentially straight ahead 02 Backing 10 Parked 02 Backing 10 Parked 03 Changing lanes 11 Slowing or Stopped in traffic Against 12 Other OWNER NAME POINT OF IMPA MOST DAMAGED (Enter numbers for IMPACT DO2 DAMAGED DAM	ADDRESS ADDRESS ADDRESS ADDRESS AIRBAG DEPLOYED VEHICLE 1 VEHICLE 2 OINT OF O7 MOST AMAGED O7 AREA 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown VEHICLE 2 1 07 06 VEHICLE 2	PHONE RESTRAINT USE VEHICLE 1 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown VEHICLE 2	PHONE